



## ANNUAL REPORT - COMPOSTING FACILITY

FACILITY NAME:	REPORT FOR CALENDAR YEAR:	PERMIT NUMBER (if applicable):
FACILITY LOCATION (STREET ADDRESS ):	COUNTY:	
FACILITY CONTACT (name):	FACILITY PHONE:	
FACILITY CONTACT MAILING ADDRESS (If different):	FACILITY CONTACT PHONE (if different):	
OPERATOR (Company/Business):	OPERATOR CONTACT (Name):	

Did you operate in \_\_\_\_\_?

☐ Yes **If yes**, proceed to next section and complete the form.

☐ No **If no**, answer the following questions, sign, date and return. This completes your reporting obligations.

When did you stop operations? \_\_\_\_\_

Do you plan to restart? ☐ No ☐ Yes When? \_\_\_\_\_

PLEASE SIGN AND DATE THIS FORM AND RETURN:

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

AMOUNT OF FEEDSTOCK COMPOSTED PER YEAR: (Please report by TONS):	
PLEASE CHECK IF RECEIVED	RECEIVED IN TONS
<input type="checkbox"/> Yard Debris	
<input type="checkbox"/> Landclearing Debris	
<input type="checkbox"/> Crop Residues (specify)	
<input type="checkbox"/> Sawdust/Shavings Used in Composting	
<input type="checkbox"/> Other Wood Waste Used in Composting	
<input type="checkbox"/> Manure	
<input type="checkbox"/> Biosolids	
<input type="checkbox"/> Food Waste (pre-consumer vegetative)	
<input type="checkbox"/> Food Waste (all other)	
<input type="checkbox"/> Food Processing Waste	
<input type="checkbox"/> Carcasses	
<input type="checkbox"/> Industrial Waste (specify)	
<input type="checkbox"/> Other (specify)	
<b>Total</b>	

(Form continued on back page)

Rejects Disposed (report in tons):		Name of Disposal Facility :		
Are you open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tip fees (Attach schedule if available):		
<input type="checkbox"/> Attach annual summary of laboratory analyses of composted material (check if attached)				
<b>COMPOSTING SYSTEM USED (check all that apply):</b>				
<input type="checkbox"/> Turned windrow <input type="checkbox"/> Aerated turned mass bed     Other (Specify) _____ <input type="checkbox"/> Aerated static pile <input type="checkbox"/> In-vessel (containerized)     _____				
During the reporting year, were there any changes in your management practices that would impact your operations? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____  Are there any new solid waste activities planned at your site for this calendar year? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____ _____  Planned start date: _____				
<b>COMPOST PRODUCED (Report in tons or cubic yards. Please check whether wet or dry tons, or cubic yards):</b>				
Name of Product	Tons	Wet	Dry	Cubic Yards
Total Compost Produced				
<b>FINAL DISPOSITION OF COMPOST</b>	Tons	Wet	Dry	Cubic Yards
Sold in same calendar year				
Stockpiled for future sale				
Distributed offsite				
Used onsite				
Name of disposal facility:				
Other:				
<b>DID YOU RECEIVE FEEDSTOCK FROM:</b>	<b>SPECIFY WHERE FROM</b>	<b>TYPE OF FEEDSTOCK</b>	<b>AMOUNT</b> Specify <input type="checkbox"/> Tons <input type="checkbox"/> Cubic Yards	
Out of County?  <input type="checkbox"/> Yes <input type="checkbox"/> No				
Out of State?  <input type="checkbox"/> Yes <input type="checkbox"/> No				
Out of Country?  <input type="checkbox"/> Yes <input type="checkbox"/> No				
PREPARED BY:		DATE:		PHONE:

To receive this document in alternate format, contact Ecology's Solid Waste & Financial Assistance Program  
At 360-407-6900 (Voice), 711, or 1-800-833-6388 (TTY).